

**Business Options, Inc.**  
8380 Louisiana Street  
Merrillville, Indiana 46410-6312

November 25, 2002

Eddie Robertson  
Tennessee Regulatory Authority  
460 James Robertson Parkway  
Nashville, TN 37243

**RECEIVED**

**DEC - 2 2002**

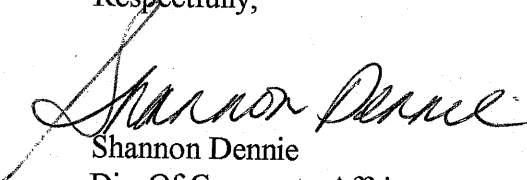
TN REGULATORY AUTHORITY  
TELECOMMUNICATIONS DIVISION

Dear Eddie Robertson:

I have updated the application and included the requested documentation. If there are any questions, comments or concerns, please contact me at 219-756-5320.

To ensure our records are complete, please return the enclosed copy of this transmittal letter date stamped. An envelope has been provided for your convenience.

Respectfully,

  
Shannon Dennie  
Dir. Of Corporate Affairs

**TENNESSEE REGULATORY AUTHORITY**

**TELECOMMUNICATIONS DIVISION**

**RESELLER APPLICATION CONTENTS**

**I. Reseller Application**

**A. Appendix I**

**B. Appendix II**

**APPLICATION FOR CERTIFICATE  
TO PROVIDE OPERATOR SERVICES AND/OR  
RESELL  
TELECOMMUNICATION SERVICES IN TENNESSEE  
SECTION A**

Application is hereby made for a certificate of authority pursuant to TRA Rule 1220-4-2-.57 to provide telecommunications services in the State of Tennessee.

**Part I : General Information**

A. Name of Applicant BUSINESS OPTION, INC  
Full exact name of person, corporation, partnership, sole proprietorship, or other entity, for which application is made.

N/A  
Legal name of applicant, if different from above.

8380 LOUISIANA ST. MERRILLVILLE, IN 46410  
Address City State Zip

Tenn. Secretary of State Certificate of Authority ID \_\_\_\_\_

Federal Taxpayer ID Number 363882046

Social Security Number for Applicants

Applying as Individuals \_\_\_\_\_

Any trade name(s), assumed name(s) or fictitious name(s) used by applicant:

\_\_\_\_\_  
\_\_\_\_\_

If applicant has affiliate(s) engaged in providing telecommunications services, provide the above requested information for each affiliate(s), as well as for the applicant.

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
(Use additional pages if necessary)

**\*\*\*IMPORTANT INFORMATION\*\*\***

If applicant has affiliate(s) or parent company, or constituency corporations, engaged in providing telecommunications services, or operating under any trade

name, assumed name or fictitious name used by the above, provide the above requested information on all parts of this application as well as for the applicant. Provide this information on a separate attachment, if necessary.

**THIS SECTION FOR TRA USE ONLY**

Docket Number. \_\_\_\_\_

Company ID Number \_\_\_\_\_

Date Approved \_\_\_\_\_

Evaluator \_\_\_\_\_

- B. Describe other businesses or business transactions, if any, at the same location as the principal business address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- C. Provide the name, business and home address of and a chronological summary of the employment history and business experience over the preceding eight years of:

- (a) The proprietor, if the applicant is an individual;
- (b) Every member, if the applicant is a partnership;
- (c) Each Executive Officer, Director and each Key Stockholder if the applicant is a joint stock association or a corporation. (Note: If the applicant is a publicly traded corporation or a subsidiary of such a corporation it does not need to provide this information)
- (d) Any person in a position to exercise control over or direction of, the business of the applicant, regardless of the form of organization of the applicant.

Information to be included:

NAME TITLE

BUSINESS ADDRESS

HOME ADDRESS

EMPLOYMENT HISTORY

SOCIAL SECURITY NUMBER

PHONE No.

PHONE No.

**Provide the above requested information on separate attachments.**

- D. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust) been associated with a business whose authority to transact business was denied, revoked or suspended by a state or federal regulatory or law enforcement entity?  
☒ Yes ☐ No **If yes, please explain fully.**

- E. Has the Tennessee Regulatory Authority, or any other agency of the State of Tennessee, any federal agency or any agency of any other state ever initiated a regulatory action or order against the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust)?  
☒ Yes ☐ No **If yes, please explain fully.**

- (1) Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust), been enjoined or restrained by order by any court or state or federal regulatory or law enforcement entity from engaging in any conduct or practice related to the telecommunications business? ☒ Yes ☐ No **If yes, please explain fully**

- F. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, LLC members, directors, officers, five percent (5%) more shareholders or beneficiaries (of a trust) been associated with a business who has ceased providing telecommunications services in any state, describe the circumstances. **(Use additional pages if necessary)**

- G. Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, L.L.C. members, directors, officers, five percent (5%) or more shareholders or beneficiaries (of a trust) been convicted of any crime or crimes, or charged in court with any fraudulent or dishonest acts in any transaction of any kind, or confined in any penal institution? If so, list such persons, give details, state results and final outcome. **(Use additional pages if necessary)**

(1) Has the applicant or any of its parent companies, subsidiaries, affiliates, owners, partners, L.L.C. members, directors, officers, five percent (5%) or more shareholders or beneficiaries (of a trust) been indicted, convicted, pled guilty or pled nolo contendere to a felony in Tennessee or elsewhere?

\_\_\_\_\_ YES ☒ \_\_\_\_\_ NO ☐ If yes, please explain fully.

- H. Name and telephone number of contact person authorized to respond to Authority inquiries regarding company operations Monday through Friday.

Shannon Dennis 29756-5320 29756-0718  
Name Phone No. Fax No.

(800) \_\_\_\_\_ e-mail Address Regulatory@ebur22.02

- (1) Name and telephone number of contact person authorized to respond to Authority inquiries regarding this filing Monday through Friday.

\_\_\_\_\_  
Name ( ) - ( ) -  
Phone No. Fax No.

(800) \_\_\_\_\_ e-mail Address \_\_\_\_\_

- I. List a toll-free telephone number and mailing address that consumers can call or write to report service problems and/or request refunds or adjustments.

PHONE NUMBER	ALTERNATE PHONE NUMBER
<u>8380</u>	<u>46410</u>
<u>LOUISIANA ST</u>	<u>NASHVILLE TN</u>
ADDRESS	CITY ST ZIPCODE

- (J) Provide the name and address of the registered agent for service of process:

NATIONAL REGISTERED AGENT - 1900 Church St. Ste 400  
NASHVILLE, TN 37203

- (K) Identify all authorized agents in the state, if any by name, address, business and home phone numbers and any other businesses conducted by the agent at the same location: (use additional sheets if necessary)

Part II:

- A. Check the type of telecommunication services you plan to provide in Tennessee.
- ☒ Resell Interexchange long distance services
  - ☐ Operator Services
  - ☐ Resell local services

\_\_\_\_ Other (describe) \_\_\_\_\_

B. If providing operator services, list company name, address and contact person for all reseller carriers you serve in Tennessee. **Provide the above information on Appendix I.**

C. List the state(s) where the applicant, its parent company, and all affiliates is authorized to operate in at this time. For each such state, describe applicant's current activities along with a history of operations there. (Use additional pages if necessary.)

\_\_\_\_\_  
\_\_\_\_\_

For the above states, list the number and types of complaint(s) filed against applicant, and the complaint(s)' current status. Provide this information on a separate attachment, if necessary.

**If applicant has affiliate(s) or parent company, or constituency corporations, engaged in providing telecommunications services, or operating under any trade name, assumed name or fictitious name used by the above, provide the above requested information for all as well as for the applicant. Provide this information on a separate attachment, if necessary.**

D. List any states that the applicant or any affiliate, parent company, or constituency corporation operating under any trade name, assumed name, or fictitious name, has been denied authority to provide service. (Use additional pages if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E Areas in Tennessee to be served.

*Statewide*

\_\_\_\_\_

F What type of customers will the applicant serve?

- a. Business \_\_\_\_\_
- b. Residential ☒ \_\_\_\_\_
- c. Aggregators \_\_\_\_\_  
(e.g. Hotels, Payphones)
- d. Other (specify) \_\_\_\_\_

G Does the applicant allow a property imposed fee (PIF) to be added to the price of intrastate telephone calls over its network? If yes, specify amount. \_\_\_\_\_

H Are your prices for intrastate services plus any PIF equal to or less than the dominant carriers' price for similar services? Yes \_\_\_\_\_ No \_\_\_\_\_

I Describe the type of services and price that the applicant will be offering in Tennessee on the Informational Tariff Form found in Appendix II<sup>1</sup>.

J What is the applicant's 10XXX or 800 access code, if applicable? \_\_\_\_\_

<sup>1</sup>Applicant is required to fill out an Informational Tariff form. Failure to fill out this form will cause the applicant's request to be rejected.

K Does the applicant now have or plan to have any telecommunication's facilities (e.g. switches, fiber lines) in Tennessee? NO

L Whose facility-based network(s) will the applicant be reselling? Qwest

M Will the applicant be utilizing the local telephone company's billing system or billing customers directly?<sup>2</sup> \_\_\_\_\_

N Describe briefly how the applicant plans to market their services in Tennessee?  
TELEMARKETERS

O If independent telemarketers are to be used, list the name, contact person, address phone number and federal taxpayer ID for each company.

N/A						
COMPANY NAME	CONTACT	ADDRESS	CITY	ST	ZIP	PHONE
COMPANY NAME	CONTACT	ADDRESS	CITY	ST	ZIP	PHONE
COMPANY NAME	CONTACT	ADDRESS	CITY	ST	ZIP	PHONE
COMPANY NAME	CONTACT	ADDRESS	CITY	ST	ZIP	PHONE

P Describe the methods and procedures by which the applicant will use to switch a consumer's preferred interexchange service, and to prevent unauthorized switching of a consumer's interexchange service. Use additional pages if necessary. If you have written procedures or company guidelines, attach copies.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Q. Applicant has the ability and agrees to honor the form of call blocking that the consumer has subscribed to with their local telephone company. Yes ☒ No ☐

<sup>2</sup>A copy of a bill is required if the applicant is going to bill the customer directly.

- R Applicant gives permission to the local telephone company to provide the Authority a periodic sample of the reseller's intrastate toll calls. The purpose of this analysis is to audit the reseller's rates to assure they are at or below the dominant carrier's tarified rates. Yes ☒ No ☐

**Part III: Organization Structure**

**A. Applicant's organizational structure**

☒ Corporation

☐ Publicly Traded Corporation

☐ Subsidiary of a Publicly Traded Corporation

☐ Limited Liability Corporation **Attach a copy of the articles of organization and operating agreement along with amendments.**

☐ Other Form of Corporation

List type \_\_\_\_\_ (Example S Corporation)  
**Attach a copy of the charter, bylaws and/or certificate of incorporation.**

☐ Association

**Attach a copy of the charter, bylaws and/or certificate of incorporation and Letter of Authorization from Tennessee Secretary of State**

☐ Joint Stock Association

**Attach a copy of the charter, bylaws and/or certificate of incorporation. and Letter of Authorization from Tennessee Secretary of State.**

☐ Trust

**Attach a copy of the trust agreement and Letter of Authorization from Tennessee Secretary of State.**

☐ Individual

**Attach a copy of the Letter of Authorization from Tennessee Secretary of State**

**SECTION (a)-(g) is to be completed if applicant is a Corporation Association or Trust**

- (a) The date and state of formation/incorporation: ILLINOIS MARCH 1993
- (1) Parent Company, if applicable \_\_\_\_\_
- (b) Attach a certificate of good standing from the state in which the applicant was incorporated/formed.
- (1) Attach a copy of Certification of Authority issued by Tennessee Secretary of State showing corporation's authority to engage in business in Tennessee.
- (d) Describe the corporate structure of the applicant, including the identity of any parent or subsidiary of the applicant. Disclose whether any parent or subsidiary is publicly traded on any stock exchange.



(e) Provide the history of material litigation and criminal convictions of every current director, executive officer, or key shareholder of the applicant for the ten-year period prior to the date of this application.

(f) If applicable, attach a copy of the instrument creating the trust and all amendments thereto:

B. ☐ Proprietorship

☐ Partnership

☐ General Attach a copy of the partnership agreement along with any amendments.

☐ Limited Attach a copy of the certificate of limited partnership and the partnership agreement along with any amendments.

☐ Other (Explain on separate sheet)

All of the above will be required to submit a valid business license.

(a) Identify the place and date of the applicant's qualifications to provide telecommunications services in this state.

(b) List the full name, social security number and address of the owners, if a sole proprietorship, or all partners identifying the percentage of ownership:

**ATTACH ADDITIONAL PAGES AS NECESSARY**

C. Number of employees: \_\_\_\_\_

Employer Identification Number (E.I.N.) 363882046

Part IV: Financial Information

A. Address where business records are kept: 8380 LOUISIANA ST  
Merrillville IN 46410 219-756-5320  
CITY STATE ZIP CODE PHONE NUMBER

B. Attach a copy of the applicant's most recent unconsolidated and consolidated audited financial statements for the immediately preceding three-year period. Provide in detail the applicant's financial condition, including balance sheet and income statement, or a copy of IRS form 1120 or 1065 filed by your business for the previous year. Attach, if available, a copy of your company's 10K and/or stockholder reports.

(1) Fiscal year end: Month \_\_\_\_\_ Day \_\_\_\_\_

(2) Date of most recent audited, unconsolidated financial statement of Applicant:  
\_\_\_\_\_

(3) If applicable, name and address of independent certified public accountant:  
\_\_\_\_\_  
\_\_\_\_\_

(4) Period covered by financial statement attached: \_\_\_\_\_

C. Does the applicant currently have an internal auditor and/or internal audit program? YRS

If so, Name of internal auditor \_\_\_\_\_

D. If applicable, provide a history of applicant's material litigation and criminal convictions for the ten-year period prior to the date this application is made. Material litigation is defined as any litigation that, according to generally accepted accounting principles, is deemed significant to a person's financial health and would be required to be referenced in annual audited financial statements, reports to shareholders or similar documents.

**Part VI: Rule Compliance Agreement**

A. Have you read and understand the Tennessee Regulatory Authority's (TRA) Rules and Regulations for Resellers, 1220-4-2 located at the TRA's website <http://www.state.tn.us/tra> *electronic fileroom* in its entirety?  
Yes \_\_\_\_\_ No \_\_\_\_\_

B. Do you understand the penalties for non-compliance, and all associated fees to provide such service? Yes \_\_\_\_\_ No \_\_\_\_\_

Mail the completed application and a check for \$50.00 to: Tennessee Regulatory Authority, P.O. Box 198907, Nashville, TN 37219-8907. Should you have any questions, call (615) 741-7489, ext. 163.

The Reseller or Operator Service Provider applicant, hereby, affirms the following:

Will comply with the TRA Reseller Rules and all other applicable Authority Rules and state laws, including T.C.A. Section 65-5-206 located at the TRA's website <http://www.state.tn.us/tra> *electronic fileroom* under the External Site of Lexis Law Publishing.

**Having been duly sworn, and under the penalties of perjury, I hereby certify that the representations in this RESELLER APPLICATION and all attachments and appendices are true and correct to the best of my knowledge and belief. I further understand that omissions or inaccuracies may result in denial of the APPLICATION and grounds for revocation of Certificate of Authority.**

For Individual and Partners:

_____ Signature	_____ Signature
_____ PRINTED NAME	_____ PRINTED NAME
_____ Signature	_____ Signature
_____ PRINTED NAME	_____ PRINTED NAME

For Corporations  
and Other Organizations

BY:

Business Options, Inc  
(NAME OF CORPORATION)  
[Signature]  
SIGNATURE  
Kurtis Kintzel  
PRINTED NAME  
CEO  
Title

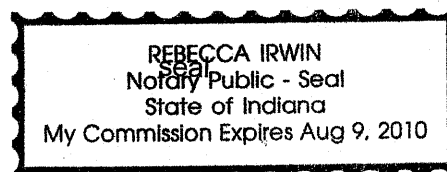
ATTEST:

[Signature]  
Title  
Dir of Corporate Affairs  
Title

On this the 25 day of November 2002 before me, a Notary Public  
Rebecca Irwin

known to me to be the person(s) named in, and who executed the foregoing application, being duly sworn according to law, deposes and says that the statements and representations set forth in the above application are true and correct to the best of his/her knowledge and belief.

[Signature]  
Notary Public



## Appendix I

<u>Reseller Name</u>	<u>Address</u>	<u>Contact Person</u>	<u>Phone Number</u>
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**Appendix II**  
**Informational Tariff Sheet**

<u>Description of Service</u>	<u>Applicant proposed Price change to consumer</u>	<u>Dominant Carriers<sup>3</sup> Price for similar service</u>
-------------------------------	--	--

1.

2.

3.

---

<sup>3</sup>Dominant Carrier (South Central Bell or AT&T, whichever is appropriate). A copy of these companies' rates are found on Appendix V.

**TENNESSEE PUBLIC SERVICE COMMISSION**

460 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-0505

KEITH BISSELL, CHAIRMAN  
STEVE HEWLETT, COMMISSIONER  
SARA KYLE, COMMISSIONER



Company ID: 00120471  
Business Options, Inc.  
2301 172nd St.  
Ste. 101  
Lansing, IL 60438

BEFORE THE TENNESSEE PUBLIC SERVICE COMMISSION  
Nashville, Tennessee April 26, 1996

IN RE: CASE NUMBER: 96-00533

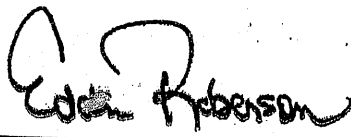
Application for Authority for Operator Services and/or Resell Interexchange (Long Distance) Telecommunications Service and/or Telecommunications Operator Services in Tennessee Pursuant to Rule 1220-4-2-.57.


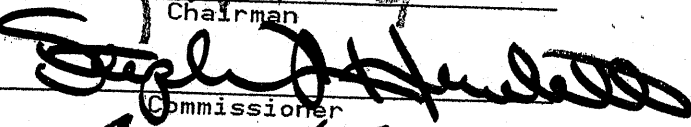
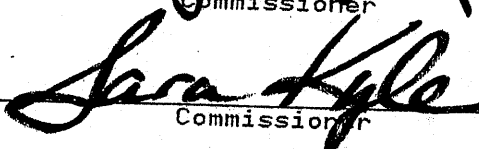
---ORDER---

This matter is before the Tennessee Public Service Commission upon the application of the above-mentioned company for certification as a long distance/interexchange reseller or telecommunication operator service provider in Tennessee. The Commission considered this application at its regularly scheduled Commission Conference held on April 16, 1996 and concluded that the applicant has met all the requirements for certification and should be authorized to provide the resell of interexchange telecommunications service and/or an operator service on an intrastate basis.

IT IS THEREFORE ORDERED:

1. That the above-mentioned company is issued a Certificate of Convenience and Necessity as an interexchange telecommunications reseller and/or an operator service provider for state-wide service in Tennessee as specified in its application on file with the Commission.
2. That said company shall comply with all applicable Commission rules and regulations.
3. That this order shall be retained as proof of certification with this Commission, and may be used to obtain appropriately tariffed access service and billing arrangements from Commission authorized telecommunications service providers.
4. That any party aggrieved with the Commission's decision in this matter may file a Petition for Reconsideration with the Commission within ten (10) days from and after the date of this Order.
5. That any Party aggrieved with the Commission's decision in this matter has the right of judicial review by filing a petition with the Tennessee Court of Appeals, Middle Section within sixty (60) days from and after the date of this Order.

  
Executive Director

  
Chairman  
  
Commissioner  
  
Commissioner

93835544

**SWANSON & COMPANY**  
**THE SECRETARY OF STATE**



DEPT-01 RECORDINGS  
 147777 TRAN 9259 10/18/93 14:34  
 16859 \* -93-835544  
 COOK COUNTY RECORDER

**Whereas,**

ARTICLES OF INCORPORATION OF  
 BUSINESS OPTIONS, INC.  
 INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN  
 FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE  
 BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

*Now Therefore, I, George H. Ryan, Secretary of State of the  
 State of Illinois, by virtue of the powers vested in me by law, do  
 hereby issue this certificate and attach hereto a copy of the  
 Application of the aforesaid corporation.*

93835544

**In Testimony Whereof,** *I hereto set my hand and cause to  
 be affixed the Great Seal of the State of Illinois,  
 at the City of Springfield, this 8TH  
 day of MARCH A.D. 19 93 and  
 of the Independence of the United States  
 the two hundred and 17TH*

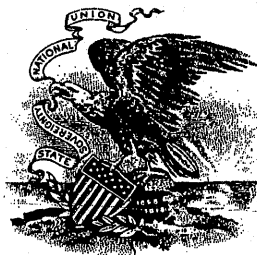


*George H. Ryan*  
 SECRETARY OF STATE

27<sup>20</sup> F.D.

# SEAL OF THE STATE OF ILLINOIS

## OFFICE OF THE SECRETARY OF STATE



**To all to whom these Presents Shall Come, Greeting:**

*I, George H. Ryan, Secretary of State of the State of Illinois,  
do hereby certify that*

BUSINESS OPTIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE MARCH 8, 1993, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS\*\*\*\*\*

PAUL D. PATE  
Secretary of State  
FILED

Date: 3-27-96

Time: 10:53

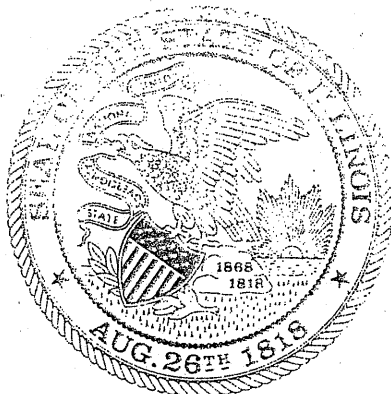
Receipt: W/165248

**In Testimony Whereof,** *I hereto set*

*my hand and cause to be affixed the Great Seal of*

*the State of Illinois this* 22ND

*day of* MARCH *A.D., 19* 96.



*George H. Ryan*  
SECRETARY OF STATE

000761



Part I. Question D

Business Options, Inc.'s Certificate was revoked by the Tennessee Regulatory Authority for neglecting to provide a surety bond or letter of credit to the state.